

**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 1998 - JUNE 30, 1999**

1. DEPARTMENT/COURT INFORMATION:

Department/Court: District Attorney's Office

Division/Unit: Economic Fraud

2. VOLUNTEER PROGRAM BENEFITS:

- a. GENERAL VOLUNTEER (this section should include community volunteer, student intern, groups, corporations, etc.)

No. Vol.	4	Hours	1696	x	\$14.30	=	\$25,282.40
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Types of work performed by GENERAL VOLUNTEERS in this category: _____

Dispute Resolution

- b. INSTITUTIONAL VOLUNTEER (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. Vol.	_____	Hours	_____	x	\$ 14.30	=	_____
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Types of work performed by INSTITUTIONAL VOLUNTEERS in this category: _____

- c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity. These specialized positions have verifiable compensation levels (VCL). If you have such a volunteer, please indicate the position, hours and compensation level below.

Position	Hours	x	VCL	=	Dollar Benefit
_____	_____	x	_____	=	\$ _____

No. Vol	_____	Total Hours	_____	Total Value	\$ _____
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Types of work performed by SPECIALIZED VOLUNTEERS in this category: _____

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
2a: <u>7</u>	<u>1768</u>	\$ <u>25,282.40</u>
2b: _____	_____	\$ _____
2c: _____	_____	\$ _____
TOTALS: <u>4</u> <u>1696</u> \$ <u>25,282.40</u>		

3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

<u>Item Donated</u>	<u>Value</u>	<u>Item Donated</u>	<u>Value</u>
Mediation	<u>\$ 103,106.80</u>	_____	\$ _____
Recovery	<u>\$ _____</u>	_____	\$ _____
_____	_____	_____	_____
TOTAL VALUE \$ <u>103,106.80</u>			

4. VOLUNTEER PROGRAM COSTS:

- a. Cost of direct supervision of volunteers (total hours of direct supervision times hourly rate of staff person(s) directly supervising program volunteers.

Hours 91 x Rate \$ 19.19 = \$ 1,746.29

- b. Cost of program coordination (total hours of program coordination times hourly rate of coordinator(s). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placements and recognition, etc.

Hours 780 x Rate \$ 19.19 = \$ 14,968.20

- c. Other program costs (volunteer training materials/supplies, recognition costs, etc.):

Item	Cost

TOTAL OF OTHER PROGRAM COSTS

=

\$

- d. TOTAL OF VOLUNTEER PROGRAM COST =
(add 4a, 4b, and 4c)

\$ 16,714.49

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	\$ <u>25,282.40</u>
b. Total of Donations to Volunteer Program, Item 3 (Page 2)	\$ <u>103,106.80</u>
ADD a + b	\$ <u>128,389.20</u>
c. Subtract Total of Volunteer Program Costs, Item 4d (Page 3)	(\$ <u>16,714.49</u>)
TOTAL PROGRAM BENEFIT	\$ <u>111,674.71</u>

6. **RECRUITING:**

Please describe your recruiting programs:

Advertisement in Retired County Employees Newsletter

7. **SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:**

Please describe any special activities and/or achievements your program was involved in during the period of this report:

1st Place (Partnership) National Consumer Protection Week

8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 1999-00:**

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

Recruit five additional volunteer to provide dispute resolution.

Train all volunteers to conduct analysis of local business practices.

Obtain recognition awards for volunteers.

9. **GENERAL INFORMATION:**

Name of Person Completing Report: Barbara Hall

(619)
Phone Number: 531-3613 Mail Stop C-275 E-Mail bhallx@SCCDA

Volunteer Coordinator: (same)

Phone Number: _____ Mail Stop _____ E-Mail _____

10. **DEPARTMENT CERTIFICATION:**


DEPARTMENT HEAD SIGNATURE

7.13.99
DATE